adverse effects are more likely to achieve widespread acceptance.

Original article Melnikow J *et al.* (2005) Preferences of women evaluating risks of tamoxifen (POWER) study of preferences for tamoxifen for breast cancer risk reduction. *Cancer* [doi: 10.1002/cncr.20981]

Hematopoietic stem-cell transplantation in mantle-cell lymphoma

Response rate and overall survival for mantle-cell lymphoma is poor. Multiple chemotherapeutic regimens have been tried, but none show clear superiority. High-dose chemotherapy followed by autologous hematopoietic stem-cell transplantation (HSCT) improves overall survival, although reports suggest this approach is not curative.

Ganti *et al.* have carried out a single-institute trial to study the course of disease in patients receiving autologous or allogeneic HSCT. Eighty patients received autologous HSCT and 17 received allogeneic HSCT. There were no significant differences in complete remission rates at 100 days, or in estimated five-year event-free and overall survival, between the two groups. The estimated five-year relapse rate was 21% in the allogeneic group and 56% in the autologous group, which might be due to a graft-versus-lymphoma effect or reinfusion of tumor cells, although the authors note that the study may have been underpowered. Three patients in the allogeneic group died compared to none in the autologous group, perhaps reflecting the increased likelihood of those in the allogeneic group to have received radiation therapies.

A subgroup analysis of 33 patients treated after 2000 showed that 10 patients who received hyperfractionated cyclophosphamide, vincristine, doxorubicin and dexamethasone (HyperCVAD) ± rituximab before HSCT had no relapses and no deaths, compared to a 30% relapse rate and 4 deaths in the 23 patients who were not treated with HyperCVAD.

The authors conclude that the choice of autologous versus allogeneic stem cells does not affect overall transplant outcome, although the pattern of treatment failure is different, and this may help design future strategies. The authors also note that previous HyperCVAD plus rituximab might optimize results.

Original article Ganti AK *et al.* (2005) Hematopoietic stem cell transplantation in mantle cell lymphoma. *Ann Oncol* **16:** 618–624

Elevated rectal cancer risk following prostate radiation

Radiation therapy for prostate cancer has been linked to an elevated risk of bladder cancer and other pelvic malignancies. A recent study by Baxter *et al.* now reveals that the risk of rectal cancer is similarly increased.

Using Surveillance, Epidemiology, and End Results registry data, a retrospective analysis was carried out on 85,815 men diagnosed with prostate cancer between 1973 and 1994. By comparing the incidence of rectal cancer in men who underwent radiation treatment ($n = 30,552$) and those who underwent surgery only ($n = 55,263$), an independent association was found between radiation treatment and development of rectal cancer. After adjusting for other factors, this corresponded to a 1.7-fold increase in risk in the radiation-therapy group, compared with the surgery-only patients. No significant associations were found between radiation therapy and the development of tumors at potentially irradiated sites (rectosigmoid, sigmoid and cecum) or in the remainder of the colon; thus, the observed increase in the risk of cancer was related to highly irradiated tissue only.

While these findings are unlikely to affect prostate cancer treatment patterns, the authors point out that there are implications for colorectal cancer screening. They recommend that screening for rectal cancer should start 5 years after prostate cancer radiation therapy.

Original article Baxter NN *et al.* (2005) Increased risk of rectal cancer after prostate radiation: a population-based study. *Gastroenterology* **128:** 819–824

Social activity in infancy protects against childhood acute lymphoblastic leukemia

Gilham and colleagues have examined a subset of data from The UK Childhood Cancer Study